



# Public Health Bulletin

A Publication of the Public Health Department, Jeff Hamm, Health Agency Director  
Penny Borenstein, M.D., M.P.H., Health Officer/Public Health Administrator • [www.slopublichealth.org](http://www.slopublichealth.org)  
2191 Johnson Avenue • P.O. Box 1489 • San Luis Obispo, CA 93406 • (805) 781-5500 • (805) 781-5543 fax

## Local Vote Set on Mosquito and Vector Program

In early May, a benefit assessment ballot will be mailed to all property owners in San Luis Obispo County to fund a comprehensive mosquito/vector and disease control measure. A vector is an insect or rodent that can transmit diseases to humans.

If approved, this measure would fund year-round services to:

- control mosquitoes and vectors using environmentally safe approaches.
- improve testing and response to disease outbreaks associated with rodents, ticks and fleas.
- improve control of diseases transmitted by mosquitoes and other vectors.

If approved, the annual benefit assessment rates will be:

- **Single family home**  
\$9.80 per single family home
- **Business properties**  
\$4.90 per quarter acre
- **Apartments**  
\$3.82 per unit for first 20 units and \$0.98 per unit for additional units
- **Irrigated agricultural property**  
\$0.08 per acre
- **Timber and dry rangeland**  
\$0.02 per acre

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Penny Borenstein, M.D., M.P.H.



## April is Sexually Transmitted Disease Awareness Month

Sexually transmitted diseases (STDs) remain a significant public health concern. STDs such as chlamydia and gonorrhea are major causes of infertility among women. Almost half of all cases are among young people ages 15-24. These and other common STDs can increase the risk of HIV transmission for both women and men.

The reported rate of STDs has been steadily increasing in San Luis Obispo County over the past decade. For instance in 2000, SLO County had 324 cases (130.8 per 100,000 persons) of chlamydia; in 2007 that number was 626 (234.3 per 100,000). Similar increases since 2000 also occurred in the number of cases of gonorrhea (26 vs. 48) and syphilis (0 vs. 4).

Chlamydia remains the most commonly reported disease in the United States, yet the Centers for Disease Control and Prevention (CDC) estimates that more than

half of new cases remain undiagnosed and unreported. Even though, much of the increase in STD rates is a reflection of increased and improved testing, there have been true upward trends in disease burden.

Health care providers play an essential role in preventing and treating STDs in our community. Screening and early diagnosis are vital. Screening is particularly important since many STDs often have no signs or symptoms.

CDC recommends annual chlamydia screening for sexually active women under the age of 26. CDC also recommends that girls and women between the ages of 11 and 26 who have not been previously vaccinated or who have not completed the full series of shots, be fully vaccinated against HPV.

For sexually active men who have sex with men (MSM), CDC

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## Sexually Transmitted Disease Awareness Month (cont.)

recommends annual HIV, syphilis, chlamydia and gonorrhea testing, with more frequent testing for MSM who engage in high-risk behavior.

Once a person has been treated, it is important to know when and when not to do a test of cure. For chlamydia, if recommended CDC treatment guidelines are followed, no test of cure is necessary, except for pregnant women.

For primary and secondary syphilis, patients should be reexamined clinically and serologically at 6 and twelve months after treatment, however, persons co-infected with HIV should be evaluated every three months after treatment.

Patients who have uncomplicated gonorrhea and are treated utilizing recommended CDC guidelines do not need a test of cure.

One of the challenges of STD control is reinfection. A useful option to facilitate partner management is Expedited Partner Therapy. EPT is the practice of treating sex partners of persons with STDs without an intervening medical examination, as allowed, under California Health and Safety Code section 120582, by physicians, nurse practitioners, physician assistants and certified nurse midwives.

San Luis Obispo County will be rolling out a new Confidential

Morbidity Report (CMR) soon, one that asks for partner treatment data on the CMR. We ask that you gather and enter data regarding partner treatment information.

The Public Health Department is also unveiling a STD page on its Web site. This page has links to CDC treatment guidelines, and has local STD data and statistics. This page can be accessed at [www.slo-county.ca.gov/health/publichealth/commddisease.htm](http://www.slo-county.ca.gov/health/publichealth/commddisease.htm).

The California Department of Public Health also keeps up-to-date statistics available at their Web site, [www.cdph.ca.gov/data/statistics/Pages/STDDData.aspx](http://www.cdph.ca.gov/data/statistics/Pages/STDDData.aspx).

## Disease Prevention Demonstration Project (DPDP) Update

On March 7, 2006 the County Board of Supervisors authorized the Health Agency to develop a local Disease Prevention Demonstration Project (DPDP) as authorized by SB 1159, allowing pharmacists to sell ten or fewer hypodermic needles or syringes. The Board also authorized legal status for the development of a program that exchanges used syringes for clean syringes as authorized by AB 547.

An implementation plan was developed with input from members of law enforcement. The plan included a number of important elements: limiting sales under the syringe sales program to pharmacies that agree to accept used needles and to limit sales to 10 syringes per customer based on a one to one exchange, limiting the syringe exchange program to a one to one exchange of up to 30 syringes, and meeting with police chiefs/sheriff and other city officials/city managers and/or city councils for each proposed site for approval of the site.

Two syringe exchange sites are managed by a local non-profit agency: San Miguel and the Public Health Department in San Luis Obispo. The syringe exchange site at the San Luis Obispo Public Health Department opened in November 2006 on Wednesday nights from 5:30 to 7:30 p.m. and continues at this same site and time. During fiscal year 2006-7, 5,368 used syringes were collected and 4,676 clean ones were distributed. During fiscal year 2007-8 5,378 used syringes were collected and 4,997 clean ones were distributed.

The second site, in San Miguel at Casa San Miguel, opened in September 2007. To date 1,867 used syringes have been collected and 1,471 clean syringes were distributed.

One pharmacy in the county, Dana Nelson's HealthPlus Pharmacy in San Luis Obispo, has agreed to participate in selling clean syringes in exchange for used ones. The pharmacy began the demonstration project in November 2006 and sold syringes to 120 individuals in the first year and 75 in the second year. Customers who buy syringes are given a sharps container to use in disposing of their used syringes, as well as a brochure with information on safe disposal of syringes, drug treatment options, and safe syringe use.

Health Agency staff recently sent out information to county pharmacies to again explain this program and to find out if any other pharmacies are now interested in participating in the program.

## Local Vote Set on Mosquito and Vector Control Program (cont.)

West Nile virus (WNV), encephalitis, plague, Lyme disease, hantavirus, canine heartworm, and other diseases caused by insects and rodents are known to occur in San Luis Obispo County. Animals carrying plague have been found in the county. Ticks responsible for carrying diseases such as Lyme disease have been collected in the county.

Mosquito-breeding habitat is found throughout the 3,304 square miles of San Luis Obispo County. San Luis Obispo County is one of the last populated areas in the state without a full year-round mosquito/vector control program.

In addition to the public health impacts of these vector-borne diseases, horses are particularly susceptible to West Nile Virus. Statistics show that 30% of unvaccinated horses that are exposed to WNV will die from the disease.

In addition to protecting the public health, a comprehensive program is needed to reduce the costs associated with, for example, a WNV outbreak. The cost of this health threat in terms of human lives, suffering, health care expenditures and economic damage to businesses is extensive. Direct in-

patient costs were roughly \$52,000 per case. Indirect costs, such as lost productivity and a decline in tourism revenue, place an additional burden on the local economy.

Without this program, the County's ability to respond to outbreaks of disease will be slower and far less effective than if a program were operating on an ongoing basis. Surveillance for diseases such as Lyme, West Nile Virus and hantavirus will be non-existent. The County's ability to respond to complaints regarding mosquitoes, ticks, fleas and rodents will also cease to exist.

In 2005, the Board of Supervisors established a minimal mosquito abatement program consisting of three technicians and funded entirely by county tax dollars.

In June 2007, the County Grand Jury reviewed the program and found it to be understaffed and underfunded. They recommended that the County survey property owners to determine support for funding an adequately staffed program. The survey of property owners was conducted in December 2007 and January 2008. It found a majority support for funding this proposed program.

In April 2008, the Board of Supervisors decided to move forward with a ballot measure to fund a mosquito abatement/vector control program. In July 2008, the existing program was reduced from three technicians to two technicians.

This ballot measure is being conducted according to the requirements established by Proposition 218, the Right to Vote on Taxes Act. This ballot proceeding gives property owners the opportunity to vote and decide on the future of local mosquito abatement and disease control services.

If approved, the funding can only be used for mosquito/vector control services and can only be used in San Luis Obispo County. The State cannot take these funds.

The San Luis Obispo County Board of Supervisors will oversee the spending of the funds from the measure and will ensure that the funds are used only in the county. The use of the funds will be subject to an annual independent audit and the budget will be reviewed at an annual public hearing.

For more information, call Curtis Batson, REHS Environmental Health Services Director at 781-5550.

### Free Tobacco Cessation Classes Offered Throughout County

Any smoker who is committed to stop smoking and ready to set a quit date can call the Tobacco Control Program office today for free stop smoking classes with a skilled facilitator. Our program can provide free nicotine replacement therapies to class participants.

Call 781-5564 for more information, specific dates and to sign up for a class.

San Luis Obispo	Mondays	12:30 – 2:00 p.m.	Paso Robles	Thursdays	4:00 - 5:30 p.m.
Grover Beach	Tuesdays	5:30 – 7:00 p.m.			

### San Luis Obispo County Reported Cases of Selected Communicable Diseases - Spring 2009

Disease	January	February	March	Total 2009	Total 2008
AIDS/HIV	0/0	5/8	1/11	6/19	2/22
<b>Amebiasis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Brucellosis	0	0	0	0	0
<b>Campylobacteriosis</b>	<b>3</b>	<b>7</b>	<b>5</b>	<b>15</b>	<b>45</b>
Chlamydial Infections	70	56	49	175	634
<b>Coccidioidomycosis</b>	<b>10</b>	<b>13</b>	<b>5</b>	<b>28</b>	<b>88</b>
Cryptosporidiosis	1	1	2	4	8
<b>E. Coli</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>
Giardiasis	0	1	1	2	9
<b>Gonorrhea</b>	<b>3</b>	<b>1</b>	<b>6</b>	<b>10</b>	<b>33</b>
Hepatitis A	0	0	0	0	13
<b>Hepatitis B</b>	<b>12</b>	<b>7</b>	<b>10</b>	<b>29</b>	<b>43</b>
Hepatitis C Acute	0	0	0	0	13
<b>Hepatitis, Unspecified</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Listeriosis	0	0	0	0	0
<b>Lyme Disease</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>*</b>	<b>22</b>
Measles (Rubeola)	0	0	0	0	0
<b>Meningitis - Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>27</b>
Meningitis - Viral	2	2	1	5	22
<b>Meningitis, H-Flu</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Meningococcal Disease	0	0	0	0	1
<b>MRSA</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Pertussis	0	0	0	0	17
<b>Rubella</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Salmonellosis	3	0	0	3	26
<b>Shigellosis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>
Syphilis - Total	2	0	3	5	41
<b>Tuberculosis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
West Nile Fever	0	0	0	0	0
<b>W. Nile Virus Neuroinvasive</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Cases of Lyme disease are under review using a case definition algorithm supplied by the California Department of Public Health



San Luis Obispo County  
Public Health Department  
P.O. Box 1489  
San Luis Obispo, CA 93406

## **New 2009 Immunization Schedules for Children and Adults Online**

Make sure your office has the most current immunization schedules. You may obtain copies from the link to the State Immunization Program at [www.eziz.org](http://www.eziz.org). There you can access VFC forms, online recertification, interactive training modules, and information on storage and handling of vaccines, plus much more.

## **Federal Court Rules Against Link Between Autism and Vaccines**

Over the last decade, more than 5,000 families filed claims with the federal Vaccine Injury Compensation Program (VICP) asserting that their children developed autism because of immunizations, despite substantial scientific evidence to the contrary.

In 2007, the U.S. Court of Federal Claims reviewed in-depth three representative VICP cases on behalf of many families who believe that MMR vaccine, with or without additional vaccines that contained mercury preservative, caused autism (court transcripts at [www.uscfc.uscourts.gov/omnibus-autism-proceeding](http://www.uscfc.uscourts.gov/omnibus-autism-proceeding)). On February 12, 2009, the three judges in these cases ruled firmly against any link between vaccines and autism (decisions posted at [www.uscfc.uscourts.gov/node/5026](http://www.uscfc.uscourts.gov/node/5026)).

## **Pediatrics Article Refutes Dr. Bob's Alternative Vaccine Schedule**

In October 2007, Dr. Robert Sears, published *The Vaccine Book: Making the Right Decision for Your Child*, selling over 40,000 copies. In the back of the book there is an alternative vaccine schedule which Dr. Sears developed. Pediatricians are now confronted with many parents who insist that their children receive vaccines according to Sear's schedule, rather than that recommended by the American Academy of Pediatrics, the Center for Disease Control and Prevention, etc. The journal titled *Pediatrics*, published an excellent article in January 2009 examining and refuting Dr. Bob's Alternative Vaccine Schedule. It can be downloaded at [www.pediatrics.org](http://www.pediatrics.org).

## **California Health Alert Network to Hold Workshops**

The California Health Alert Network (CAHAN) is an online alerting system that allows the State and local jurisdictions within California to notify parties whose assistance would be needed in a public health emergency.

All California hospitals, clinics, skilled nursing facilities, local health departments, and public health partners are invited and encouraged to participate in the CAHAN.

Our local CAHAN administrators at the San Luis Obispo County Health Agency (Michelle Shoresman and Robin Hendry) are available to answer questions and enroll interested parties in CAHAN.

The State's CAHAN team is also providing workshops throughout the state at no charge. Several San Luis Obispo sessions will be offered on September 9 and 10, 2009. To register for these dates, go to: [www.cce.csus.edu/conferences/cdph/cahan/schedule.htm](http://www.cce.csus.edu/conferences/cdph/cahan/schedule.htm) Scroll down the page until you see the San Luis Obispo dates.

For more information, please contact the County of San Luis Obispo, Public Health Department's Emergency Preparedness Program at 788-2923 or 788-2067 or e-mail [rhendry@co.slo.ca.us](mailto:rhendry@co.slo.ca.us) or [mshoresman@co.slo.ca.us](mailto:mshoresman@co.slo.ca.us).

## **Tobacco Control Program News**

The Tobacco Control Program is doing more to get out into the community. In early April, a cessation group was started for the staff at a private nursing facility in the North County and we are also trying to start a group at Cal Poly. Our lines are ringing with new clients seeking ways to quit using tobacco as the price is getting to be too much - health wise and cost wise.

Thank you to all the providers and folks that send the nicotine dependent our way. If you need additional information about what we do or if you need to send someone our way, please call us at 781-5564.

## Recent Measles Cases in California Underscore Need for Immunization

Is your child/teen/adult adequately protected against measles? As these two recent stories demonstrate, measles is only a plane flight away.

In December 2008, Santa Clara County reported measles in an unimmunized nine-month-old adoptee from Vietnam who became ill shortly after arriving in the U.S. She is the 15th known measles case in California during 2008.

The infant was not diagnosed with measles or appropriately isolated until the fourth medical visit for her illness. Before isolation, she exposed contacts at her older sibling's school, a restaurant, a post office, a clinic, an urgent care clinic and an emergency department. She was infectious during the two flights between Vietnam and the U.S., which occurred within four days of rash onset.

Almost 300 contacts were exposed. Of these, 22 required active surveillance because they had received only one dose of vaccine; 12 were found to be susceptible and were placed on quarantine. Due to the quick response and diligence of the Santa Clara County Public Health Department, no secondary cases have been detected.

In 2009, the first three measles cases reported in California occurred in a San Francisco family who had recently visited a sick relative in England. The father, whose immunization history is unclear, was first to become ill. His two children are unimmunized because of their parents' beliefs. Both children received immune globulin 7 days after their first exposure to their father when he was infectious. They both developed mild, laboratory-confirmed measles.

The father exposed more than 100 clients and staff during an appointment with the U.S. Citizenship and Immigration Services.

## Tdap Vaccination Free for Parents of Infants, Toddlers

The Public Health Department is celebrating National Infant Immunization Week April 25-May 2 and Toddler Immunization Month in May.

Parents of infants and toddlers will be offered a free Tdap vaccine (tetanus, diphtheria, and acellular pertussis) when they bring their infant/toddler in for immunizations.

Tdap was licensed in late 2005 and it is recommended that every caregiver of an infant and toddler should have this vaccine to prevent against spreading pertussis (whooping cough) to those who are too young to be fully vaccinated.

Appointments are needed; call your local PHD site in Paso Robles 237-3050, San Luis Obispo 781-5500, or Grover Beach 473-7050. In 2008 there were 17 reported cases of pertussis in San Luis Obispo County and 524 in the state.

## Immunization Assessment of Children Enrolled in Child Care Centers in San Luis Obispo County in 2007, 2008

Below is the 2007 and 2008 data for children under 5 years of age enrolled in child care in San Luis Obispo County. The data for children with all required immunizations shows San Luis Obispo County to be slightly below the state average. One likely reason is the higher percentage of vaccine waivers for Personal Belief Exemption (PBE) for families in our county. The state average for PBE is 1.67%, the San Luis Obispo County average is 3.58%.

	Total		Public		Private		Headstart	
Up to Date	Children		Children		Children		Children	
2007 – SLO	2,907	89.86%	511	91.74%	1,978	89.50%	418	89.32%
2008 – SLO	2,694	90.92%	530	94.64%	1,731	88.63%	433	96.22%
2008 - State	478,868	92.86%	109,091	92.57%	283,717	91.69%	86,060	97.37%